

IC 20-5-2.5

Chapter 2.5. School Corporation Self-Insurance Programs

IC 20-5-2.5-1

Definitions

Sec. 1. (a) As used in this chapter, "health care services" has the meaning set forth in IC 27-8-11-1.

(b) As used in this chapter, "self-insurance program" means a program of self-insurance established or maintained by a governing body to provide coverage for health care services to a school corporation's employees and the employees' dependents.

As added by P.L.232-1999, SEC.2.

IC 20-5-2.5-2

Compliance with chapter required

Sec. 2. Subject to IC 20-5-2-2(14) and IC 21-2-5.6 and notwithstanding any other law, any self-insurance program must comply with this chapter.

As added by P.L.232-1999, SEC.2.

IC 20-5-2.5-3

Review panel; appeal process

Sec. 3. (a) A self insurance program must provide for appeals to a review panel to:

- (1) hear complaints; and
- (2) resolve concerns;

regarding issues related to coverage, coverage discrimination, and access under the self-insurance program.

(b) The composition of the review panel under subsection (a):

- (1) must reflect the populations covered under the self-insurance program;
- (2) may include a member representative of each covered population; and
- (3) must maintain a balance of administration and non-administration members.

(c) Self-insurance program documents provided to individuals covered under the self-insurance program must specify the appeal process including the name, address, and telephone number of the individual with whom an appeal may be filed.

As added by P.L.232-1999, SEC.2.

IC 20-5-2.5-4

Incurred claims basis; funding; deposits

Sec. 4. (a) A self-insurance program must be written on an incurred claims basis.

(b) The governing body must fund a self-insurance program as described in IC 21-2-5.6-1(2) to include coverage for all eligible incurred claims.

(c) Subject to IC 21-2-5.6 and notwithstanding any other law:

- (1) contributions made on behalf of individuals covered under

the self-insurance program, including employee and employer contributions; and

(2) transfers or allocations of funds by a governing body; for coverage for health care services under a self-insurance program must be directly deposited into the self-insurance fund established under IC 21-2-5.6-1(2) and may not be transferred to other accounts or expended for any other purpose.

As added by P.L.232-1999, SEC.2. Amended by P.L.14-2000, SEC.49.